

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 JUL 23 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000056712 (1)
 1. Corporation Name
CALTAM, INC.



Principal Place of Business 4902 LONDONDERRY DRIVE TAMPA FL 33647	Mailing Address 4902 LONDONDERRY DRIVE TAMPA FL 33647
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 28834 Falling Leaves Way	2a. Mailing Address 26 28834 Falling Leaves Way
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Wesley Chapel, FL	28 City & State Wesley Chapel, FL
24 Zip 33543	25 Country
29 Zip 33543	30 Country

3. Date Incorporated or Qualified 08/09/1993	3a. Date of Last Report 04/16/1996
4. FEI Number 59-3198421	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
JURGENSMEIER, GEORGE A
~~4902 LONDONDERRY DR. TAMPA FL 33647~~
28834 Falling Leaves Way Wesley Chapel, FL 33543

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 700002251677--0
83 City 07/29/97 01131-021 ***165.00 ***165.00
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DP	<input type="checkbox"/> DELETE
NAME JURGENSMEIER, GEORGE A	
STREET ADDRESS 4902 LONDONDERRY DR TAMPA FL 33647	
CITY-ST-ZIP	
TITLE DST	<input type="checkbox"/> DELETE
NAME JURGENSMEIER, EDNA G	
STREET ADDRESS 4902 LONDONDERRY DR TAMPA FL 33647	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS 28834 Falling Leaves Way Wesley Chapel, FL 33543
1.4 CITY-ST-ZIP
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS 28834 Falling Leaves Way Wesley Chapel, FL 33543
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
Edna G. Jurgensmeier 7/17/97 012602-11090

CR2E034 (4/97)